

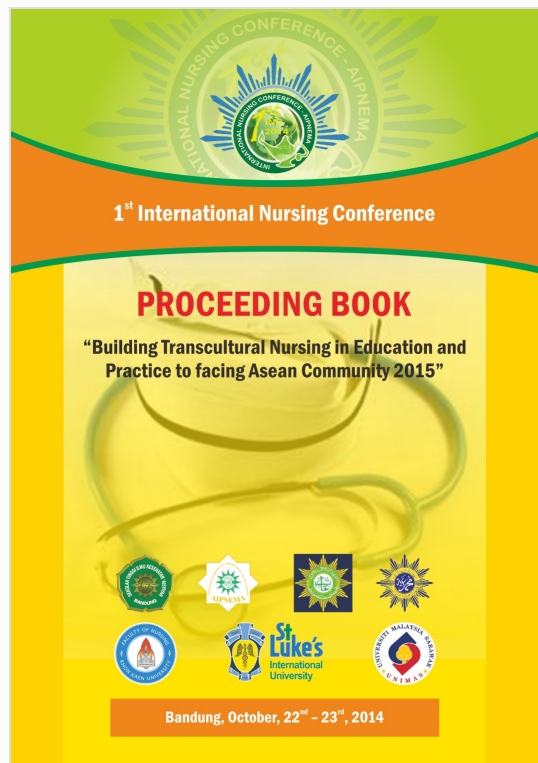


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Motivation, Adaptation, And The Family Roles A Qualitative Case Study Of Chronic Renal Failure

by Yoyok Beki Prasetyo

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1st International Nursing Conference

PROCEEDING BOOK

“Building Transcultural Nursing in Education and Practice to facing Asean Community 2015”



St Luke's
International
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Bandung, October, 22nd – 23rd, 2014

5

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SCHEDULE
1st INTERNATIONAL NURSING CONFERENCE (INC)
OCTOBER, 22nd–23rd 2014

Day 2nd, Thursday, October 22nd, 2014
(1st International Nursing Conference – Day 1st)

TIME	TOPIC	SPEAKER
07.15–08.15	Registration	Panitia
08.15–08.50	Opening Ceremony Reading the Holy Qur'an	
08.50–09.50	Greeting'st 1. Speech from SC 2. President AIPNEMA 3. Keynote Speech Major Bandung City - Beating the "Gong" - Photo Session	1. Moh. Afandi, S.Kep., Ners., MAN 2. H. Edy Soesanto, S.Kp., M.Kes. 3. Ridwan Kamil
09.50–10.00	Coffee Break	Panitia
10.00–11.30	Expert Panel Presentation 1. Implementation of transcultural nursing in academy 2. Implementation of tanscultural nursing in academy and clinical setting: Thailand Perspective 3. AINEC–AIPNI Reward's Announcement and Handover the Souvenir for SC, Speaker, and Moderator	- Prof. Junko - Prof. Khannitta, RN., PhD - Muhammad Hadi, SKM., M.Kep., Dr.(Cand.) Moderator: Kusman Ibrahim, S.Kp., MNS., Ph.D Secretary: Warsiti, M.Kep., Sp.Mat.
11.30–12.55	Pray and Lunch	
12.55–17.00	Poster exhibition	Ass. Prof. Dr. Somporn Rungruangkulkit Dr. Nichapatrphuttikhamin
	Oral dan poster presentation	
17.00–17.30	Joint research program: joint research team Report session Discussion Wrapping	Ass. Prof. Dr. Somporn Rungruangkulkit Dr. Nichapatrphuttikhamin

	GALA DINNER	
19.00–19.15	- Traditional dance	
19.15–19.20	- Opening Gala Dinner	
19.20–19.30	- Greeting by the chairman of committees	
19.30–20.00	- Dinner and acustickecap suling	
20.00–20.10	- Dance's performance	
20.10–20.15	- Introducing participants by MC	
20.25–20.30	- Acustic live music (fazah performance)	
20.30–20.50	- Angklung Performance	
20.50–21.00	- Organ Performance	
21.00–21.30	- MOU / lembar joint research	
21.30–21.45	- Traditional song	
21.45–22.00	- Performance participants and Closing	

Day 3rd, Wednesday, October 23rd, 2014
(1st International Nursing Conference – Day 2nd)

TIME	TOPIC	SPEAKER
08.30–10.45	<p>Opening dan Panel Expert</p> <ol style="list-style-type: none"> 1. Implementation of transcultural nursing in academy and clinical setting: Taiwan Perspective 2. Implementation of transcultural nursing in academy and clinical setting: Malaysia Perspective 3. Implementation of transcultural nursing in academy and clinical setting: Indonesian Perspective <p>Reward's Announcement and Handover the Souvenir for SC, speaker and moderator</p>	<p>- Dr. Paris</p> <p>- Prof. Zabidah, RN., PhD</p> <p>- Dr. Titi</p> <p>Moderator: Moh. Afandi, S.Kp, MAN</p> <p>Secretary: Angga W., S. Kep., Ners.</p>
11.00–11.15	Closing	
11.15	Pray and Lunch City Tour	Panitia

OPENING SPEECH



Proceeding is published related to the activities that have been organized by The Association of *Muhammadiyah Aisyiyah Nurse Education (AIPNEMA)* in collaboration with Institute of Health Sciences 'Aisyiyah Bandung (*STIKes 'Aisyiyah Bandung*), that is an international seminar (first national nursing conference) as the Annual meeting of the Association of *Muhammadiyah Aisyiyah Nurse Education (AIPNEMA)* .

This international seminar will be held at Horizon Hotel Bandung on 22-23 October 2014. The theme of this international seminar is "Building Transstructural Nursing in Education and Practice to Facing ASEAN Community 2015". This activity held in scientific forum includes of working paper presentation, discussion and poster. Seminar is conducted parallelly by using presentation and discussion method by researchers from domestic and foreign universities. It is expected to motivate lecturer to publish the result of research in proceeding or national and international journal.

We thank all of participants in this activity. We hope this proceeding give benefit for all readers.

Bandung, October 2014

H. Edy Soesanto, S.Kp., M.Kep
President of AIPNEMA

FROM THE COMMITTEE



Thanks to Allah S.W.T who has been giving us blessing and mercies. Let's say thank to Muhammad SAW as our own prophet. Because of his struggle now we are walking on the right way. As one of the efforts for coordination and consultation of the *Association of Muhammadiyah Aisyiyah Nurse Education (AIPNEMA)*, Annual Meeting of AIPNEMA conducted annually. This year, STIKes Aisyiyah Bandung welcomes its occasion in Bandung city and we also like to thank you for the trust that given by AIPNEMA to organize these activities.

At this time Annual Meeting of AIPNEMA was held in conjunction with the First International Nursing Conference with the theme "*Building Transtructural in Nursing Education and Practice to Facing the ASEAN Community 2015*". It is our hope, that through these activities can contribute to the world of education, especially in the institutional environment of Persyarikatan Muhammadiyah - 'Aisyiyah, in addition to strengthen the relationship among nursing institutions both within and outside the country.

Finally, we would like to thank all participants in this activity and we also apologize for any shortcomings that may occur during this activity.

Bandung, October 2014

Tia Setiawati, S.Kp., M.Kep., Ns.Sp.Kep.An
Chair of Institute of Health Sciences 'Aisyiyah Bandung
(Sekolah Tinggi Ilmu Kesehatan 'Aisyiyah Bandung)

FROM THE COMMITTEE



Assalamu'alaikum Warohmatullohi Wabarokaatuh.

Thanks to Alloh SWT who has been given us blessing and mercies.
Transcultural nursing is a theory based humanistic discipline, designed to serve individuals, organizations, communities, and societies. Human care/caring is defined within the context of culture. Culturally competent care can only occur when culture care values are known and serve as the foundation for meaningful care.

Collaboration between health care providers is needed to minimize the gap and improv health care services. In order to deliver better care to clients, nurses need to build interest. This cooperation will then give assurance in understanding clients and consideration of humanized care.

The objectives of this event are to identify evidence based best practice that promote transcultural nursing, demonstrate research based models or promoting culturally competence care, describe transcultural nursing partnerships that promote cultural competence, and apply transcultural nursing theories to local, national and international health care issues. The target of this event are the academics, the researchers, and nursing service practitioners.

STIKes Aisiyiah is very proud to present this event and hope that it will give a lot of benefits for all the participants. We would like to thank for the speaker for spending the time in order to give us a new knowledge and sharing the experience and also we would like to thank for all the participants for your presence and participations.

We also would like to give the highest appreciation and honour for the institutions and company for their support so that this event can be presented now.

The last but not least we wish that this event can be useful for all.
Be enjoy in Bandung.

Bandung, October 2014

Nandang Jamiat Nugraha, S.Kp., M.Kep., Ns, Sp.Kep.Kom
Chair of Organizing Committee INC

1st INC-AIPNEMA 2014:
MOTIVATION, ADAPTATION, AND THE FAMILY ROLES: A QUALITATIVE CASE
STUDY OF CHRONIC RENAL FAILURE

**Tassyah Devina Rayani¹, Yoyok Bkti Prasetyo², Nurlailatul Masruroh³, Edi
Purwanto⁴**

School of Nursing, Faculty of Health Sciences, University of Muhammadiyah Malang
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Introduction: Chronic renal failure is a progressive destruction of the kidney structure which happen continuously. Common problem for CRF patient is generalized weakness and edema. The treatment is requiring hemodialysis and rigorous treatment with the support of family. The purpose of this study was to determine how to treat the patient with CRF using a family approach.

Methods: This study was a qualitative research using a case study approach. Sample of this study were patients who were diagnosed with a chronic renal failure for 7 years and had been doing hemodialysis for approximately \pm 2604 times. The data were gathered using interview, observation, documentation, and data analysis.

Result: The results of this study identified three themes, namely 1) Treatment of chronic renal failure with hemodialysis, 2) Treatment of chronic renal failure at home, 3) Client's motivation with chronic renal failure.

Conclusions: Treatment of chronic renal failure with hemodialysis should be done by patients to improve their quality of life. In addition, treatment of chronic renal failure at home is believed to maintain the stability of the patient's condition. High motivation to patients is believed to improve the quality of life.

Keywords: chronic renal failure, family roles.

Introduction

According to Corwin (2009), Chronic renal failure is a progressive destruction of the kidney structure which happen continuously. In addition, according to Baradero (2008), CRF is a progressive deviation of kidney function which cannot be recovered, where there is a failure on body's ability to maintain metabolic balance and fluid and electrolyte which is resulting in uremia. Chronic renal failure is a terminal disease when there is a decreasing kidney function in regulating the metabolic balance of fluid and electrolytes in the body.

The United States Renal Date System (USRDS)'s report in 2007 showed an increasing in the population of patients with chronic renal failure in the United States compared to previous years, where the prevalence of chronic renal failure patients reach 1,569 people per million population (Butar & Siregar, 2007). While the number of patients with kidney failure in Indonesia is relatively high, reaching 300,000 people. However, not all patients can be handled by the medical personnel. Approximately 25,000 new patients who can be treated, which means that there are 80% of patients were completely untouched by the proper treatment (Susalit, 2012).

This study uses a systems approach to nursing homes. Family nursing approach consists of four types of approaches. They are a family context, the family as a client, family as a system and the family as a social component.

During the process of data collection, researchers recruited families as clients (. Through this approach, the researcher obtained the data needed to conduct research.

Based on the interviews results with the respondents with chronic renal failure patients, Mr. S (61 years), the respondents suffered from chronic kidney disease for 7 years and he also claimed to have had a kidney stone operation in 2007 and had performed hemodialysis or dialysis for 7 years (\pm 2604 times hemodialysis). Based on the interviews with the respondents' family, the family is very active in providing care to the respondent. One of them is the family plays an active role in controlling the types of foods which can be consumed, limiting fluid intake, and providing insight to the respondent for not doing heavy activity, and controlling medicine administration for the respondent. In addition, the family also plays an active role in providing motivation to respondents because the family believes that the great spirit can improve the quality of life of the respondents.

Based on the above discussion, it can be concluded that there are still several patients (80%) with chronic renal failure in Indonesia who have not received treatment. The important role of the family in providing care to patients with chronic renal failure is believed to help people to improve their health status. Therefore, the researchers wanted to explore more about how to deliver a proper care which is given by the family to a chronic renal failure patient to improve the quality of life of patients.

Methods

The design of this study is a qualitative study using case study approach. This research was conducted in Mr. S's family in PHC Dinoyo Malang.

Results

1. Theme I : Treatment of chronic renal failure with hemodialysis

Hemodialysis is one way that can be done to improve kidney function in patients with chronic renal failure. However, there are some hemodialysis machine that can cause discomfort to the patient.

"... I will discontinue the treatment if I feel pain. I'm not strong "(W / Tn.S / 09/07/14).

"... I was not strong. I felt dizzy "(W / Tn.S / 09/07/14).

"... I will discontinue the treatment one hour before it finish" (W / Tn.S / 09/07/14).

In addition, experience in performing hemodialysis patients can also improve patients' knowledge associated with hemodialysis.

"... I have a similar body weight before and after the procedure "(W / Tn.S / 09/07/14).

"... I don't want to. If the speed is too fast, my heart could not bear with it "(W / Tn.S / 09/07/14).

"... I do understand because I have been diagnosed this disease for 7 years" (W / Tn.S / 09/07/14).

2. Theme II : Treatment of chronic renal failure at home

Treatment of chronic renal failure at home is also important. The role of the family in providing care to family members who suffer from chronic kidney disease is very important for the provision of treatment of chronic renal failure at home.

"... I should not do heavy chores, my mother also reminds me. She usually control my diet, what should I eat and I should not eat. I should not drink plenty of water "(W / Tn.S / 09/07/14).

"... when I collapsed, my mother will refer me to the hospital to do hemodialysis. "(W / Tn.S / 09/07/14).

"I always watch over my father. He should not work too hard. He also cannot eat carelessly "(W / Ny.S / 17/07/14).

"... he should not drink plenty of water" (W / Ny.S / 17/07/14).

3. Theme III : clients' motivation with chronic renal failure

Motivation is very important in promoting the spirit of the client's life. The high motivation of the patient could increase the patients' quality of life.

"I love my grandchildren very much. Sometimes I asked my son to bring them to my house to cheer me up "(W / Tn.S / 09/07/14).

"He loves his grandchildren. They usually come over his house. He wants to keep alive to see his grandchildren grows "(W / Ny.S / 17/09/14).

Discussion

Treatment of chronic renal failure with hemodialysis.

According to Corwin (2009) Hemodialysis is a process which is used on acutely ill patient and require dialysis therapy short-term (a few days to a few weeks) or patients with terminal stage renal disease (ESRD: end-stage renal disease) who require treatment for a long period or permanent therapy. Hemodialysis process takes approximately 4-5 hours and generally lead to physical stress, the patient will feel fatigue, headache, and cold sweat due to decreased blood pressure. Patients with chronic renal failure will feel discomfort, tightness, edema, chest pain, nausea or even vomiting, and muscle cramps which is resulting in severe pain (Supriyadi, Wagiyo, & Widowati, 2011).

After undergoing hemodialysis, the patients will feel more relaxed. These changes are due to toxic substances in the blood has been removed; also fluid in the patient's body has been secreted (Supriyadi, Wagiyo, & Widowati, 2011).

Based on the theory above, there are similarities between the theory and the participants' condition. Participants (Mr .S) also experience things described in theories such as breathlessness and chest pain and tightness of chest pain which are complication of chronic kidney disease. However, after performing hemodialysis, chest tightness and pain is reduced. This proves that hemodialysis is very important to be done to reduce the complications in patients.

Treatment of chronic renal failure at home.

It is not easy for people with kidney failure who undergo a strict diet and perform a healthy lifestyle. Weight loss, weakness (fatigue) and loss of muscle mass in chronic renal failure patients are often diagnosed as malnourished, but the disorder is a consequence of metabolic processes that occur in chronic renal failure, not because of lack of nutrition (Kuhlmann, 2007). The diet in patients with kidney disease focused on controlling the intake of energy, protein, fluid, electrolytes sodium, potassium, calcium, and phosphorus contained in everyday foods (Uyun & Brahmantio, 2011). Based on the theory described, there are similarities between the theories with participants. Mr. S with the help of

his wife (Ny. S) also controls the intake of dietary and fluid restrictions daily. This is one way of participating family in providing care to participants who suffer from chronic renal failure.

Motivation of client with chronic renal failure.

Assessing sources, coping strategies, and family processes provide a foundation to help families adapt and achieve a higher degree of well-being. Achieve a higher degree of well-being is the purpose or reason for the existence of family nursing practice. Strengthening and encouraging response and adequate adaptive capacity, and reduce the actual and potential stressors from within and outside the family is part of the broad purpose and scope of this (Friedman, 2010). The spirit of life for patients with chronic renal failure is very important to carry out routine hemodialysis. The spirit of life derived from the support of a spouse, family, friends and caregivers of hemodialysis. Support is very important is the support of a partner, if the support weakened, the patient could rapidly decreased physically and psychologically (Raziansyah, Widyawati, & Utarini, 2012). Based on the theory described there are similarities between the data of the theory with the data obtained from the participants. Participants (Mr. S) considered his family as the biggest motivation when suffering chronic renal failure and undergoing hemodialysis.

Conclusion

Haemodialysis is a therapy to replace renal function which must be done by patients with

chronic renal failure. Performing routine hemodialysis is important in order to improve the quality of life of patients. Treatment of chronic renal failure at home can be done by controlling the dietary intake of patients, limiting the amount of liquids, and limit heavy chores. It is believed to maintain in order to stabilize the condition of the patient. High motivation is needed by patients with chronic renal failure which is mainly sourced from partner, family and friends. The high motivation given by the family will also increase the patients' spirit in improving their quality of life.

Acknowledgments

dr. Bayu Tjahj Wibawa Head of Puskesmas Dinoyo Malang and Elief Yuniarti, S.Kep., Ns as a community nurse who has provided opportunities for researchers to conduct this research as well as assisting during the research process.

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PAGE 1

PAGE 2

PAGE 3

PAGE 4

PAGE 5

PAGE 6

PAGE 7

PAGE 8

PAGE 9

PAGE 10

PAGE 11

PAGE 12

PAGE 13

PAGE 14

PAGE 15